An ACCESS-based Academic Attending Physician and Resident Rotation Evaluation Database

Tomás D. Valdivia, M.D., Beth A. Hartquist, M.D., Department of Internal Medicine, St. Paul Ramsey Medical Center, University of Minnesota

A database of residents' evaluations of their Internal Medicine (IM) rotations and attending physicians (APs) was created using ACCESS (Microsoft). The IM attendings and the corresponding inpatient or outpatient rotations from three academic settings (county hospital, VA, and University) are ranked by 130 different residents. For APs, reports show rotation specific, year average and, for comparison, all-AP aggregate values. For rotations, reports provide estimates of workload, didactic teaching, and overall desirability. Free text comments may be provided for all evaluations.

INTRODUCTION

Due to flagging interest in some primary care specialties and increasing pressures to alter the balance of subspecialist and primary care physicians, resident training programs are subject to unprecedented scrutiny and unanticipated down-sizing. In response, well-established, traditional IM residency programs now have "night float" teams and offer a greater number of ambulatory rotations. The resultant rapid change has created a need for tools to provide careful analyses of overall rotations and AP effectiveness.

DESCRIPTION

Interface: The system interface was developed using ACCESS's partial object-oriented, event-driven, visual programming paradigm that is also found in other Microsoft programming products (e.g., Visual Basic). Due to the busy schedule and moderate computer literacy of the intended users, the interface was designed to maximize ease of use and efficient data entry. Users are asked to mouse click radio buttons to indicate values on a Likert scale and perform a minimal amount of free text entry. Total evaluation data entry time varies depending on the user's computer skills, comfort, and the extent of their comments, but is approximately 5±2 minutes.

Data Elements: Information gathered from resident evaluators falls into two categories. First, the resident evaluates their ward or ambulatory rotation AP. The APs are rated on twelve attributes, each assigned a value by the resident based on a modified Likert scale: fund of knowledge, clinical judgment, overall professionalism, enthusiasm, teaching effectiveness, support of housestaff, involvement with students, punctuality, ability to allow the service sufficient autonomy, willingness to teach and appropriateness of rounding schedule. Amount of didactic teaching per week, number of salient clinical references and comments regarding the AP's strengths and weakness are also solicited.

The rotations are rated by the residents on the magnitude of clinical workload; adequacy of clinical knowledge resources (e.g., institutional and departmental libraries, on-line search tools, and Chief Resident files); overall effectiveness of concomitant conferences including grand rounds, and morbidity/mortality conferences; and, more generally, adequacy of facility support including ancillary services, on-call facilities, parking and meals.

Reports: A report summarizing AP performance on each of the twelve factors named above, with comparison values vis-à-vis that AP's previous months' values, and an aggregate of fellow APs' performance is provided to each individual AP. The residency coordinator uses aggregate AP performance summaries to carry out cross-hospital and cross-AP analyses. To underscore the importance of these evaluations, one of the three academic sites uses the aggregate reports in an equation to apportion incentive compensation.

Similar aggregate reports are employed by the clinical residency coordinator to help monitor hospital and rotation effectiveness.

System Usage: Although not required, user participation in the evaluation process is strongly encouraged by the Chief Residents at the each of the three University Affiliated hospitals. Despite the voluntary nature of participation, user involvement each month is approximately 80%.

System Requirements: The current system was developed in Microsoft ACCESS, version 1.1. It will run on any computer supporting Microsoft Windows version 3.1; an i486-66 or faster microprocessor and mouse or similar input device should be used.